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A Quiet Revolt Against the Rules on SIDS

By BRIAN BRAIKER

Danica Stanciu was commiserating with her friend Natasha who, like her, had recently given birth.

"She called me in the throes of sleeplessness," Mrs. Stanciu recalled, "so I said, 'Do you want to know my deepest, darkest mothering secret? I put Elena to sleep on her stomach.' "

Natasha, Mrs. Stanciu said, gasped, "and I said, 'Maybe I shouldn't have told you about that.' "

In homes across the country, parents like Mrs. Stanciu are mounting a minor mutiny against the medical establishment. For more than a decade, doctors have advocated putting babies to bed on their backs as a precaution against [sudden infant death syndrome](#), or SIDS.

Increasingly, however, some new parents are finding that the benefits of having babies sleep soundly - more likely when they sleep on their stomachs - outweigh the comparatively tiny risk of SIDS.

Every parent lives with the specter of the sudden, inexplicable death of a healthy baby during the infant's first year. In 1992, after reviewing British and Australian research on SIDS, the American Academy of Pediatrics recommended that parents put babies to bed exclusively on their backs in their first year.

In 1994, the National Institute of Child Health and Human Development followed that recommendation with a far-reaching federally financed Back to Sleep public education campaign.

At the time, 70 percent of infants in the United States were sleeping on their stomachs. By 2002, that figure had plummeted to 11.3 percent.

Over the same decade, deaths from SIDS fell by half, to 0.57 deaths per 1,000 live births in 2002, the most recent year for which figures are available, from 1.2 deaths per 1,000 live births in 1992, according to the National Center for Health Statistics.

Clearly, there is some connection between stomach-sleeping and SIDS, but doctors still do not know what it is.

"If we knew exactly what causes it, we wouldn't call it SIDS," said Dr. John Kattwinkel, the chairman of the pediatric academy's task force on the syndrome.

New research suggests that some SIDS babies are the victims of a toxic confluence of genetic makeup and environmental factors like sleep habits.

On Oct. 10, the [pediatrics](#) academy issued an advisory re-emphasizing the correlation between "nonprone" sleeping and a lower rate of SIDS.

The academy also advised parents to breast-feed, to avoid placing their infants on their sides to sleep, to use pacifiers and to refrain from "co-sleeping," that is, bringing a baby into bed with them.

Still, most pediatricians concede that when babies are placed on their stomachs, they tend to sleep better, they are less apt to startle and they often sleep through the night sooner.

And despite the warnings, a growing number of parents - exactly how many is impossible to quantify- are turning their backs on the Back to Sleep campaign. Postings on child-rearing Web sites also indicate a trend.

"The Web consensus is that it is O.K. to do," said Sarah Gilbert, a mother in Portland, Ore., and the editor of the popular Web log [bloggingbaby.com](#).

Ms. Gilbert, said that she let her 5-month-old son, Truman, sleep on his stomach, just as she did her 3-year-old son, Everett. Truman, she said, has none of the other risk factors listed by the pediatrics academy: she breast-feeds him, she does not smoke, and he sleeps close to her in an uncluttered space.

"On the Web, people always broach it very gingerly," Ms. Gilbert said. "They say, 'Just this one time I let my child sleep on her tummy.' And when you say you do it, too, they say 'O.K., I've been doing it since the third month.' "

In some cases, said Erica Lyon, a newborn-care instructor and the director of Manhattan's RealBirth center, parents who post anonymously on Web sites are guilt-ridden and looking for permission to ignore the academy's recommendations.

At [BabyCenter.com](#), a Web site intended to help parents improve their child-rearing skills, one reader posted a plea titled, "My baby hates sleeping on his back."

The posting drew responses from more than 400 other parents, a majority admitting to, or even advocating, stomach sleeping. The site draws about 3.5 million users a month.

Another discussion, in the child-rearing forum on [craigslist.com](#), began with a nervous dad who admitted to letting his baby sleep on his stomach and continued with postings titled, "Mine did as well" and "Went through the same thing."

To be sure, not everyone is so sanguine about ignoring the experts' advice.

"Do you want your child to be uncomfortable or dead?" asked Vanessa Saft, the mother of a 2-year-old, Ramona, and an early childhood educator who is working on her master's in social work.

Ms. Saft said she was baffled by some of the permissive discussions she read on the e-mail list of the Park Slope Parents, where Brooklynites share their advice on [vaccinations](#), sippy cups, schools, nannies and, also, sleeping.

But Ms. Saft said she refrained from chiming in with an unpopular viewpoint, even one in line with the medical mainstream, because, "I always get in trouble."

Linda Murray, the executive editor of BabyCenter.com, pointed to the findings of an unscientific poll conducted on the Web site.

The poll, which involved more than 24,000 users of the site, found that just about as many parents (42 percent) said they put their babies to sleep stomach down as on their backs (43 percent), even though half the respondents reported being "worried" about sudden infant death syndrome.

Why would a parent do anything other than minimize every known risk to their baby's health?

Ms. Murray suggests that the Back to Sleep campaign is a victim of its own success.

The SIDS rate has dropped so significantly over the past decade that parents today are less likely to know someone who has lost a child to the syndrome. "People have this false sense of security," she said.

It may not help that the experts themselves sometimes send garbled messages. A 2002 study in the journal Pediatrics, for example, found that preterm infants in intensive-care nurseries were frequently placed on their stomachs, and became accustomed to the position.

Lorrie Leigh, whose twins were born prematurely three months ago, resulting in the death of one, said she was surprised when neonatal nurses placed the surviving twin, Kalleigh, on her stomach.

Ms. Leigh, who teaches breast-feeding classes out of her home in Silver Spring, Md., already had three children under the age of 9, so she was well versed in the Back to Sleep literature.

"I thought for sure the doctors would follow the best guidelines," Ms. Leigh said. "But the nurses said babies sleep better this way."

Yet when Kalleigh was ready to go home, she added, the same nurses began placing her on her back. "They said, 'We have to tell you to do this.'"

Not only do many infants sleep better on their stomachs, they are much less likely to develop plagiocephaly, a deformation of the skull that leaves infants with flattened heads.

Dr. Jeffrey H. Wisoff, an associate professor of neurosurgery and pediatrics at New York University Medical Center, said that since the Back to Sleep campaign began, the head condition had "become an [epidemic](#)."

Dr. Wisoff, although he does not dispute the evidence linking supine sleeping to the lower SIDS rates, said that a decade ago he saw only a handful of plagiocephaly cases a year.

"Now we see up to a dozen kids with asymmetric heads a week," he said. "It drives parents nuts." The pediatrics academy, Dr. Wisoff said, should do a better job of telling parents to turn infants 180 degrees in their cribs occasionally and to place them on their stomachs while they are awake (a practice known as "tummy time").

But in the face of so much advice, many well-meaning parents simply balk. Doctors, they feel, issue proclamations without living in the real world.

"I'm very sympathetic to the mother who is so sleep-deprived that she puts the baby on its belly knowing that all the experts recommend not to," said Ms. Lyon, of the RealBirth center. "The role of the professional is to say 'these are the recommendations and this is why.' The role of the parent is to think critically and apply those recommendations in a way that makes their life manageable."

Perhaps surprisingly, Ms. Lyon finds no argument from Dr. Kattwinkel of the pediatrics academy.

"There is some justification to mothers who want to accept some of the risk factors and not others," he said. "You can follow all the risk factors and your baby may still die of SIDS. But as a national organization, we need to warn the public about it."

He added, "Any pediatrician who didn't would not be responsible."